

- ☐ Survey Completed
  - ☐ Participant refused to participate
  - ☐ Unable to contact after 4 attempts
- Survey completed by \_\_\_\_\_

## Appendix D: Follow-Up Survey for Core Outcome Measures

### A. PROGRAM ENROLLMENT

Hello. My name is \_\_\_\_\_, I work for \_\_\_\_\_.  
We're calling people who have attended classes within the last year at our adult education program to find out what happens to them after they leave us. We want to know how you liked the classes you took and how adult education classes have affected you, your family, and your job.

It should take no longer than 10 minutes to answer my questions. Do you have time now for me to ask these questions? ***(Reassure the respondent that any information provided will be strictly confidential.)***  
First, I'd like to make sure I have the correct information about the class you took.

**A-1. I understand that you were in (TEACHER'S NAME)'s class at (LOCATION). Is that correct?**

- ☐ No *[Obtain correct information]* \_\_\_\_\_
- ☐ Yes

**A-2. Did you attend class(es) until the end or did you leave before the end?**

- ☐ Left before it ended *[Proceed to Question A-3]*
- ☐ Completed *[Proceed to Question B-1]*

**A-3. During what month did you stop attending the class or program?** \_\_\_\_\_

### B. POSTSECONDARY EDUCATION AND TRAINING

**B-1. Since the end of your class or program, have you enrolled in any other educational or training programs?**

- ☐ No *[Proceed to Question C-1]*
- ☐ Refused *[Proceed to Question C-1]*
- ☐ Yes. Where are you enrolled? \_\_\_\_\_  
Date were you enrolled? \_\_\_\_\_

**B-2. In what type of class or classes are you now enrolled? [Do not read choices to respondent. Check all that apply.]**

- |  |  |
|--|--|
| <input type="checkbox"/> English Language Skills         | <input type="checkbox"/> Citizenship           |
| <input type="checkbox"/> GED/High School                 | <input type="checkbox"/> Family literacy       |
| <input type="checkbox"/> Vocational/Job Training         | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Community College/College Level | <input type="checkbox"/> Don't Know/Refused    |

### C. SECONDARY CREDENTIAL

**C-1. Did you receive any diplomas, certificates, or degrees at the end of your class or since you left (TEACHER'S) class, such as the GED?**

- ☐ No [Proceed to Question D-1]
- ☐ Refused [Proceed to Question D-1]
- ☐ Yes. Date credential received? \_\_\_\_\_

**C-2. What type of diploma/certificate/degree did you receive? [Do not read choices to respondent. Check all that apply.]**

- |  |   |
|--|---|
| <input type="checkbox"/> GED                       | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> High School Diploma       | <input type="checkbox"/> Bachelor's Degree  |
| <input type="checkbox"/> Certificate of Competence | <input type="checkbox"/> Other _____        |
|  | <input type="checkbox"/> Don't Know/Refused |

### D. EMPLOYMENT

**Please ensure the date employed is within the appropriate quarter after exit.  
Obtain Employment is the 1<sup>st</sup> quarter after exit. Retain Employment is the 3<sup>rd</sup> quarter after exit.**

**D-1. Since you left the program, did you retain your current job or did you get a paying job?**

- ☐ No
- ☐ Refused
- ☐ Yes. Date you first got a job after leaving the program? \_\_\_\_\_

What is the name of your employer \_\_\_\_\_

Employer address \_\_\_\_\_

Employer phone # \_\_\_\_\_

### CLOSING

**Thank you very much for taking the time to answer my questions, your answers will be very helpful. The information you provided will be used to help make adult education programs better and more useful to people like you who have attended or would like to attend such a program.**

**Is there anything that I didn't ask about that you'd like to say?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_